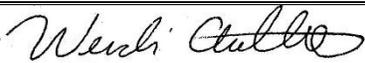


NH Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services
Bureau of Elderly and Adult Services (BEAS)

105 Pleasant St.
Concord, NH 03301

STATE OF NEW HAMPSHIRE BEAS GENERAL MEMORANDUM (GM)	
DATE:	March 18, 2020
TO:	Deborah Scheetz, Director, Division of Long Term Supports and Services; All BEAS Staff; Choices for Independence Independent Case Managers and CFI Providers
FROM:	Wendi Aultman, Bureau Chief, Elderly and Adult Services
SIGNATURE:	
SUBJECT:	COVID-19 Emergency Choices for Independence Waiver (CFI) Guidance #1
GM NUMBER:	20-06 GM
EFFECTIVE DATE:	March 18, 2020
REGULATORY GUIDANCE:	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

MEMORANDUM SUMMARY
<p>The purpose of this memorandum is to:</p> <ul style="list-style-type: none"> • Provide statewide guidance to enrolled CFI Independent Case Managers and providers in light of the COVID-19 Emergency.

The Bureau of Elderly and Adult Services (BEAS) is working with its federal and state partners, as well as other divisions within the Department of Health and Human Services, to ensure that families and individuals continue to receive supports and services during the COVID-19 Emergency. The health and safety of the people that receive supports and the staff who provide that care are at the center of the Bureau's emergency preparedness planning priorities.

In an effort to allow for greater flexibility to CFI Case Managers and CFI provider agencies to deliver services safely and efficiently while implementing precautions around COVID-19, and in accordance with the Governor's Executive Order 2020-04 dated March 13, 2020, and Appendix K or other authority approved by CMS, BEAS has identified areas which will be adjusted on a temporary basis. These areas include modifications in policy, practice, and regulatory guidelines. The areas identified will be modified and added to as BEAS continues to identify need for additional flexibility or adjustment. Input from CFI Case Managers and CFI provider network will inform the guidance outlined in this and future memorandums.

The Division of Long Term Support and Services (DLTSS) activated its Continuity of Operations Plan effective Friday, March 13, 2020. The Bureau extends its sincere gratitude to those who are working to ensure the health and safety of the people we support while also supporting their own loved ones.

Timeline

COVID-19 Emergency guidance will be in place on a 30-day basis effective Tuesday March 17, 2020. The Bureau will provide, modify, and extend guidance to CFI Case Managers and CFI providers as needed based on the emerging COVID-19 Emergency.

Considerations

The Bureau has considered allowing for flexibility while ensuring health and safety in developing the following COVID-19 Emergency Guidance. The Bureau is, as are the CFI Providers, mindful of human rights considerations for those we serve during the COVID-19 Emergency.

Following are specific considerations that have informed this guidance:

- HIPAA requirements remain in place and must be followed.
- To support the CDC recommendations of social distancing, any meetings such as committee meetings, case consultation, team meetings and/or site visits are permitted to be held remotely through audio, video conferencing or telephonically.

COVID-19 Response and Guidance

Personal Protective Equipment (PPE) and Supplies:

- PPE includes masks, gowns, gloves, eye protection, hand sanitizer and cleaning wipes. With the assistance of Doreen Shockley from Licensing, a request was submitted today the Department of Health and Human Services (DHHS) Incident Management Team, Emergency Services Unit on behalf the Home Health Care Association and GSIL. There are a number of providers, including first responders, hospitals, and other medical providers across the state that are requesting PPE and supplies which necessitates a prioritization process for the distribution of supplies.

Access to COVID-19 Testing:

- See nh.gov for testing information. <https://www.nh.gov/covid19/>

Sentinel Event Reporting:

- Sentinel Event reports will not be allowed an extension in submission and must continue to be submitted according to policy requirements. BEAS may be developing a streamlined process to address Sentinel Event reporting through an Excel spreadsheet or another method should this be needed.

CFI Case Management Quality Reviews:

- Quality Reviews will be suspended for the next 30 days. This will be revisited at that time and communicated to Case Management.

Medical Eligibility Assessments:

- Case Managers are encouraged to make themselves available by telephone to help support participant with redetermination assessments. Please know the Department is considering other options with contracted vendors.

He-E 805 Targeted Case Management Services

He-E 805.05 Case Management Services

- Initial comprehensive assessment may be performed by telephone, text, email, videoconference, or other electronic means.
- The requirement for one face to face contact every 60 days is suspended.
- Case Management contacts may be performed by telephone, text, email, videoconference, or other electronic means.
- Case Management contacts shall increase to weekly from monthly.
 - Case Management contact should:
 - Include sharing of current information about the COVID – 19 Emergency,
 - Provide guidance, and/or referral, to resources for more information,
 - Ensure a general welfare check and health status check for the client during the COVID-19 Emergency,
 - Include contacting the participant’s Managed Care Organization (MCO) if the CFI Case Manager identifies additional needs or risk for medical care or prescriptions. MCO contact information for CFI Case Management Agencies is as follows:
 - ACNH contacts:
 - Dawna Garofalo, 603-263-6639, dgarofalo@amerihealthcaritasnh.com
 - Tabitha Methot, 603-263-6624, tmethot@amerihealthcaritasnh.com
 - NHHF contact:
 - Joann Muldoon, 603-263-7208, Joann.M.Muldoon@centene.com
 - WSHP contacts:
 - Andrew Parker, 603-263-3078, andrew.parker@wellsense.org
 - Kristy Hayden-Grace, 603-263-3065, kristy.hayden-grace@wellsense.org
 - Identify any participant barriers to continued communications with the CFI Case Manager and/or MCO. The CFI Case Manager will contact the MCO to request participant access to a phone for members based on health acuity needs, and/or access to an upgraded phone service plan (including but not limited to an increase in service minutes) to ensure adequate resources for communication with the health plan, CFI case manager, and other emergency resources during the

COVID-19 Emergency. Given present circumstances, however, please recognize that phone quantities may be limited given the local and national demand which will necessitate distribution priorities and availability.

- Case Management contacts may be conducted with collateral contacts/natural supports in cases where the participant is not able to adequately participate in contingency planning independently though remote access during the COVID-19 Emergency.

Authorized Services -- Home Delivered Meals and Adult Day Service Program:

- As part of contingency planning, Case Managers should assess participants who utilize the home delivered meals services and update authorizations as needed to meet needs.
- If Meals on Wheels quarantine meals are needed for a two week period; the providers who provide home delivered meals can claim up to 14 meals per day. Authorizations can be entered to reflect this.
- As part of contingency planning, Case Managers should assess alternative services to support those who are unable to attend suspended Adult Day Programs.

Adult Protective Services:

- The Bureau of Elderly and Adult Services is open and prepared to continue operations.

Background Checks:

- Background checks completed within 60 days at one agency will be transferable to other agencies for employment requirements. This is a waiver of licensing and credentialing requirements of RSA 151 and accompanying regulations under the authority of Executive Order 2020-04. Rulemaking authorities indicate that the provider agency must complete a BEAS registry check and a criminal record check “prior to hiring or contracting”.
- TB testing requirements will be suspended for up to 60 days to reduce the burden on the health care system and reduce exposure of new employees to environments where sick individuals are present. This is a waiver of licensing and credentialing requirements of RSA 151 and accompanying regulations under the authority of Executive Order 2020-04. At time of hire, please assess applicants with the screening tool provided. The waiver form can be found at the following link: <https://www.dhhs.nh.gov/oos/bhfa/documents/waiver.pdf>

Additional Flexibility and Adjustments will be considered and communicated as the COVID-19 Emergency continues to unfold.

Employee TB Questionnaire

Employee Name: _____ DOH: _____

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs (pulmonary TB). TB disease in the lungs may cause symptoms such as

- * a bad cough that lasts 3 weeks or longer
- * pain in the chest
- * coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are:

- * unexplained weakness or fatigue
- * unexplained weight loss
- * no appetite
- * chills
- * unexplained fever
- * sweating at night

Symptoms of TB disease in other parts of the body depend on the area affected. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others.

This TB screening tool may be utilized in place of a TB skin test (PPD).

Due to the fragile health state of our residents, employees are screened for TB prior to employment. Please complete the following questionnaire, honestly and completely.

1. Have you ever had a positive TB skin test (PPD)? YES NO

Date of last TB test or chest X-ray: _____

2. Have you developed any of the following symptoms/ signs since your last chest x-ray / TB skin test?

Unexplained fatigue yes no Comments: _____

Unexplained weight loss yes no Comments: _____

Loss of appetite yes no Comments: _____

Unexplained fever yes no Comments: _____

Night sweats yes no Comments: _____

Persistent cough beyond 3-4 weeks
 yes no Comments: _____

Chronic unexplained respiratory symptoms
 yes no Comments: _____

Sputum production yes no Comments: _____

